HC5(D) Claim Form For a Refund of NHS Dental Charges

NHS

Please read this page before filling in this form - it will help you make this claim correctly. Use a separate form for each person who has paid NHS dental charges or has had NHS dental charges paid for them. Part 4 tells you where to send the completed form. Before you do this, you must sign and date the declaration.

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

HC1 REF.	HC5 REF.
TEAM	LOCATION
NOTES / AMENDED LOCATION	
DATE TIME	DATE TIME
TEL. 1	TEL. 2
OFFICIAL USE BOX	

WHAT CAN YOU CLAIM FOR?

Use this form to claim back the cost of **NHS Dental Treatment**.
This form should only be used if the dental practice was in England. You may also have to submit an HC1 claim form (see part 5).
If you have paid an NHS prescription charge you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can't get one later**. It tells you what to do.
If you have paid for other NHS charges you must use the claim form for the charge you have paid. There is a separate form for each type of charge (HC5(O) for optical costs, HC5(T) for NHS travel costs and HC5(W) for wigs and fabric support charges).

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in Part 5A.

If however, you are filling in the form for someone with learning difficulties or an illness that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in Part 5B.

TIME LIMIT FOR CLAIMING

You must ensure that this form is received by the relevant office identified in Part 4 **within 3 months** of the date that you paid any charges. If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. In this case, please send a written explanation with your claim.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available to download at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor by calling 0845 850 1166.

HC5(D) DSD Ref No (Official Use) | DSD case location (Official Use)

Part 1 PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname: Title:

Forename: Sex: ☐ Male ☐ Female

Date of Birth: / / National Insurance (NI) No:

Address:

Postcode:

Daytime Contact Telephone Number: ( )

This must be the number of the person signing at Part 5

Part 2 DETAILS OF NHS DENTAL CHARGES PAID

NOTE **Please send us original receipts. We cannot deal with your claim without them.**

I wish to claim a refund of £ for NHS dental charges

(If the course of treatment is ongoing, send in this form when it is finished. If the treatment is being paid for by instalments, send in this form when payments have finished.)

You cannot claim a refund for any private treatment or for sundry items such as toothbrushes.

I wish any refund to be paid into the following bank account:

Names(s) of account holder(s)

Full name of bank, building society or other account provider.

Sort code of the bank, building society or other account provider. - -

Account number.
This can be six to fifteen numbers long.

If a building society account, the building society roll or reference number

Some building society accounts use a roll or reference number. The number is on the passbook. If you are not sure if the account has a roll or reference number, ask the building society. Incorrect bank account details will delay any refund you are entitled to.

Tick this box if you do not have an account ☐

Part 3 OTHER INFORMATION WE NEED

Name, address and telephone number of dentist *in full* please.

Name:

Address:

Postcode: Telephone Number: ( )

Course of treatment started on: / / and was completed on: / /

Part 4 PATIENT'S INCOME WHEN THE NHS DENTAL CHARGE(S) WAS (WERE) PAID

Tick whichever box below applied **when the NHS dental charge(s) was (were) paid** and give the information we ask for.

Group 1

✓ ☐ I have a War pension No. ______ and I am being treated for my accepted disablement

Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.

Group 2

✓ ☐ My name was on an NHS certificate HC2 or HC3 No. ______

✓ ☐ Named on or entitled to an NHS Tax Credit Exemption Certificate No. ______

✓ ☐ Named on or entitled to an NHS Maternity Exemption Certificate No. ______

The person holding the certificate was: Forename ______ Surname ______

☐ Male
☐ Female

Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

Group 3

✓ ☐ I was getting one of the benefits/credits listed below.

✓ ☐ I am the partner or a dependant child/young person of somebody who was getting one of these benefits/credits.

Name of the person getting the benefit/credit: Forename ______ Surname ______

If this person was not the patient, please tell us __ / __ / __ and ______

their date of birth — their National Insurance number

Tell us which one and send this form to: NHSBSA, DS, Compton Place Road, Eastbourne, BN20 8AD

✓ ☐ Income Support

✓ ☐ Income-based Jobseeker's Allowance (Contribution-based Jobseeker's Allowance does not count)

✓ ☐ Income-related Employment and Support Allowance (Contribution-based Employment and Support Allowance does not count)

✓ ☐ Pension Credit Guarantee Credit (Pension Credit Savings Credit on its own does not count)

Group 4

✓ ☐ I was under 18 years of age on the first day of treatment.

✓ ☐ I was 18 years old and in qualifying full time education (please supply a letter from your education establishment confirming this).

Send this form to NHS Business Services Authority Dental Services, Compton Place Road, Eastbourne, BN20 8AD.

Group 5

✓ ☐ I am not in groups 1 to 4, but wish to claim a refund for NHS dental charges paid.

Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN. You will also need to fill in an HC1 claim form which is normally available from a Jobcentre Plus office or NHS hospital, your doctor, dentist or optician may have one too. If you are unable to obtain a form you can get one by calling 0845 850 1166 or visiting www.nhsbsa.nhs.uk/healthcosts.

HC5(D)

Part 5 DECLARATION AND SIGNATURE

WARNING **False information may lead to civil or criminal action.**
If you are signing for somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities, Department for Work and Pensions, Primary Care Trust and my dentist for the purpose of verification.

I also consent to the disclosure of information on this form to the Counter Fraud and Security Management Service, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

If you are signing for yourself

This is my claim for a refund of the NHS dental charges listed in Part 2

5A Signature: Date: / /

If you are signing for somebody else

This is a claim on behalf of the person named in Part 1 for a refund of the dental charges listed in Part 2

5B Signature: Date: / /

Name: (in capitals)

Address:

Postcode:

FOR OFFICIAL USE ONLY

TO **NHSBSA Dental Services**

FROM NHS Business Services Authority or one of the bodies listed in Part 4:

For use by the bodies listed in Part 4

I confirm that the patient named in Part 1 of this form is entitled to:

✓ ☐ a full refund of NHS dental charges

✓ ☐ a refund of the difference between £ and the NHS dental charges paid.

The actual amount(s) paid is(are) shown on the attached receipts.

✓ ☐ I confirm that this claim has been accepted outside the 3 months time limit.

Please pay the appropriate amount to the patient named in part 1 of this form.

Signature: Date: / /

Name:
(in capitals)

AUTHORISATION STAMP

OFFICE ADDRESS STAMP

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